### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

RECEIVED FORM C/OH
CITY OF SAN ANTONIO SHEET PG 1

(512)463-5800

		· · · · · · · · · · · · · · · · · · ·	
The C/OH INSTRUCTION this form.	N Guide explains how to complete 1 ACCOUNTY JULY 5 (Ethics Commission filers)	P2 UFotal Agges filed	l:
3 CANDIDATE/	MS / MRS / MR FIRST MI	OFFICE	JSE ONLY
OFFICEHOLDER NAME	MR. CARROLL W.		
	NICKNAME LAST SUFFIX	Date Received	
	C-12 m 5		
	SCHUBERT		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING	600 NAVARRO, SUITE 500		
ADDRESS		Date Hand-delivered of	r Date Postmarked
Change of Address	SAN ANTONIOTY TYLOS		
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	1	
OFFICEHOLDER PHONE	(21V) 349.05/J	Receipt #	Amount
		_	
CAMPAIGN TREASURER	MS/MRS/MR FIRST MI  MRL ALLIJON L	Date Processed	
NAME	MRI GLIJON L. NICKNAME LAST SUFFIX	Date Imaged	
	GREER		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE	•
ADDRESS (Residence or business)	1723 TYPHOON, SAN ANTONIO	T~ 78	149
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	14 100	7.7.0
TREASURER	(210) 493-3430		
PHONE  9 REPORT TYPE	(0.0) 4 / 1-17-10		
9 REPORTITE	January 15 30th day before election Runoff	15th day after ca appointment (offi	mpaign treasurer ceholder only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Atta	ch C/OH - FR)
40 DEDICE	Month Day Year Month Day	Year	
10 PERIOD COVERED			
	01/01/04 THROUGH 06/30	1062	
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year	General	Social
	Primary Runoff	Jeneral	Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know	vn)	
	CITY COUNCILDISTAILE 9 MAYOR		
14 NOTICE		adidata's price consect	er approval
OF DIRECT CAMPAIGN	<ul> <li>Direct campaign expenditures are campaign expenditures made by others without the car Candidates are required to disclose this information only if they receive notification of the dir</li> </ul>		
EXPENDITURE	Name		
BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
additional pages			
	GO TO PAGE 2		
1			

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

	· · · · · · · · · · · · · · · · · · ·		
15 C/OH NAME	RR+61	W. SCHVBERT	16ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL	<ul> <li>This box is for no may have been made</li> </ul>	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate they receive notice of such expenditures.	date / officeholder. These expenditures tes and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMP NOW TREASURES TARME	7004 F
		COMMITTEE CAMPAIGN TREASURER ADDRESS	는 그무슨
		÷	TY OLL
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	P #
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,7/2.29
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ -O-
	4. TOTAL	POLITICAL EXPENDITURES	\$ 20,194,49
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 20,194,49 \$ 70,581.27
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LY OF THE REPORTING PERIOD	
19 AFFIDAVIT			
lim.	11111//	muses == - ##===	All and All and a second secon
Julia D	AS. LOW	· · · · · · · · · · · · · · · · · · ·	perjury, that the accompanying report
	AY PUL		nformation required to be reported by
25°01,	1 8/ 1/2	me under Title 15, Election Code.	
3 : 5	<b>∜</b> ~":	.1	1 1 1
= : 40.			<i>!. // .</i>
SATE STATE	FOETEKA	TAMAN UNA	
	YOURS .	Signature of Candi	date or Officeholder
AFFIX NOTARY STAN	SEA PARONE	-	ļ
1////	04-20 <b>7,11</b>	1. 1/ 1/ 0 / /	- 1TH
Sworn to and subscrib	PIL		, this the July day
of, 2	∪ <u>v ·</u> , to cer	tify which, witness my hand and seal of office.	
Signature of officer ad	minişteriyîg oath	Melinua S. lopex Printed name of officer administering oath Tit	Many le of officeradministering oath
	<u> </u>	The state of the s	The state of the s

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED SCHEDULE A1

The instruction guide explains how to copiete this form.			Total pages Schedule A	
		2004	JUL 15 P 4:	15 Page 1 of 9
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics or	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	in-kind contribution description (if applicable)
2/16/2004	Gary Joeris		\$1,000.00	i coccupació (il applicable)
	Contributor address; City; State; Zip Code		, ,	
	1710 Hadbury Lane San Antonio, TX 78248			
Principal occu	pation (Optional)	Employer (Opto	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
/16/2004	George Vaughn		contribution (\$) \$1,000.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$1,000.00	26
	13803 Bluffmont San Antonio, TX 78216			7004
Principal occu	pation (Optional)	Employer (Opto	onal)	= =
				<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
/16/2004	Thomas Yantis		\$1,000.00	·
	Contributor address; City; State; Zip Code		<b>4</b> 1,000.00	59
	5425 N Loop 1604 E San Antonio, TX 78217			
Principal occu	pation (Optional)	Employer (Opto	onal)	
Date	Full name of contributor		Amount of	In-kind contribution
/16/2004	Louis Rowe		contribution (\$) \$1,000.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$1,000.00	
	8 Caleb Circle San Antonio, TX 78258			
Principal occup	pation (Optional)	Employer (Opto	nai)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
/22/2004	HPRI-San Pedro Drive In		\$1,000.00	description (if applicable)
	Contributor address; City; State; Zip Code		φ1,000.00	
	2800 Industrial Terrace Austin, TX 78758		!	
Principal occup	Dation (Optional)	Employer (Opto	nal)	
Principal occup	ATTACH ADDITIONAL COPIES OF		,	

The instruction	guide explains how-te copiete this form.		Total pages Schedule A	D Bages of 9
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics or	
Date 2/16/2004	Full name of contributor out-of-state PAC (ID#:  Don Durden  Contributor address; City; State; Zip Code  411 FM 473 Comfort, TX 78013		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optonal)	10	
Date 2/16/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optonal)		2001
Date 2/16/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optonal)		<del>::</del> 59
Date 2/16/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optonal)		
Date 2/16/2004	Full name of contributor out-of-state PAC (ID#:  David Clark  Contributor address; City; State; Zip Code  9 Inwood Terrace San Antonio, TX 78248		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optonal)		

The Instruction	guide explains how to copiete this form.		Total pages Schedule A1:	CLERK
			2004 JU	15 Page 3 of 9
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics con	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/6/2004	Shelton Padgett		\$250.00	
	Contributor address; City; State; Zip Code  300 Convent Suite 1500 San Antonio, TX 7820	05	; }	
Principal occu	ipation (Optional)	Employer (Optonal)	1	
Date	Full name of contributor out-of-state PAC (ID#:	η	Amount of	In-kind contribution
6/13/2004	Jose Fernandez, M.D.		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$25.00	
	215 Highview San Antonio, TX 78228			
Principal occu	pation (Optional)	Employer (Optonal)		200
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/10/2004	Sam Barshop		\$1,000.00	
	Contributor address; City; State; Zip Code	1046	1	ָּדָר
Principal occu	900 Isom Road Suite 300 San Antonio, TX 78	Employer (Optonal)	1	<del></del>
				59
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/17/2004	Keith Rosbury		\$500.00	
	Contributor address; City; State; Zip Code 1700 Gentle Way Prosper, TX 75078		!	
Principal occu	pation (Optional)	Employer (Optonal)	I	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
5/9/2004	Ed Kelley		contribution (\$) \$500.00	description (if applicable)
	Contributor address; City; State; Zip Code			
	44 Champions Lane San Antonio, TX 78258			
Principal occu	pation (Optional)	Employer (Optonal)		

The instruction	guide explains how to copiete this form.		Total pages Schedule A1: 2004 JUL 15 P 4:Pa <b>5</b> e 4 of S	
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	
Date 5/6/2004	Full name of contributor out-of-state PAC (ID#:  Sam Mitts  Contributor address: City; State; Zip Code  3102 Urban Crest San Antonio, TX 78209		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Opto	nai)	
Date 3/5/2004	Full name of contributor		Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Opto	nai)	<u> </u>
Date 3/6/2004	Full name of contributor out-of-state PAC (ID#:  Susan Poorman  Contributor address; City; State; Zip Code  2319 Albans Houston, TX 77005		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opto	nal)	•
Date 4/8/2004	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opto	nai)	
Date 5/29/2004	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opto	nal)	

The Instruction	guide explains how-to copiete this form.	2004	Total pages Schedule A	5 Page 5 of 9
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics or	ommission filers)
Date 6/22/2004	Full name of contributor out-of-state PAC (ID#:  Gina Groomer  Contributor address; City; State; Zip Code  8131 Sunshine Trail San Antonio, TX 78244	)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	tonal)	
Date 5/22/2004	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	tonal)	<b>2</b> 004 J
Date 6/22/2004	Full name of contributor out-of-state PAC (ID#: Neal Gray  Contributor address; City; State; Zip Code  17 Inwood Autumn San Antonio, TX 78248		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	tonal)	2
Date 5/22/2004	Full name of contributor out-of-state PAC (ID#:  Donnie Vestal, DVM  Contributor address; City; State; Zip Code  6326 Mallard Point San Antonio, TX 78239		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	lonal)	
Date 6/22/2004	Full name of contributor		Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	ional)	

The Instruction	guide explains how to copiete this form.		Total pages Schedule A	
FILER NAME				P (Pape 6 of 9
	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission niers)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	in-kind contribution description (if applicable)
6/22/2004	Richard Haass		\$500.00	doscription (ii applicable)
	Contributor address; City; State; Zip Code			<u> </u>
	19027 La Verita San Antonio, TX 78258			
Principal occup	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/22/2004	R. R. Lemke		contribution (\$) \$500.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$300.00	
	11 Inwood Ridge San Antonio, TX 78248		<u>.</u>	,
Principal occup	pation (Optional)	Employer (Opton	al)	7004
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/22/2004	Dan Dement		contribution (\$) \$500.00	description (if applicable)
	Contributor address; City; State; Zip Code		<b>\$</b> 000.00	U
	18730 Stone Oak Parkway San Antonio, TX 78	8258	i	
Principal occup	pation (Optional)	Employer (Opton	ai)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/22/2004	Betsy Dippo		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$500.00	
	19190 Stone Oak Parkway San Antonio, TX 78	8258		
Principal occup	nation (Optional)	Employer (Optona	(le	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/22/2004	Diana Ridgway		contribution (\$) \$25.00	description (if applicable)
	Contributor address; City; State; Zip Code		<b>⊅∠</b> 5.00	
	2211 Shady Rock Circle San Antonio, TX 7823	31	!	
Principal occup	ation (Optional)	Employer (Optona	al)	

OTHER	R THAN PLEDGES OR LOAN	IS C	CITY OF SAN AN	SCHEDULE A1
The instruction	guide explains how to obplete this form.		Total pages Schedule A	មុះ <b>  5</b> age 7 of 9
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 6/22/2004	Full name of contributor out-of-state PAC (ID#:  David Fernandez, DVM  Contributor address; City; State; Zip Code  18854 Stone Oak Parkway San Antonio, TX	78258	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opti	onal)	
Date 6/22/2004	Full name of contributor out-of-state PAC (ID#: Nelson Finch Contributor address; City; State; Zip Code 6606 Augsberg San Antonio, TX 78258	·	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opt	onal)	<b>2004</b>
Date 6/22/2004	Full name of contributor out-of-state PAC (ID#:  Dan Gostylo  Contributor address; City; State; Zip Code  2150 Encino Loop San Antonio, TX 78259		Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opti	onal)	59
Date 6/22/2004	Full name of contributor out-of-state PAC (ID#:  John Dickson  Contributor address; City; State; Zip Code  19103 Harvest Glen San Antonio, TX 78258		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opt	onal)	
Date 5/15/2004	Full name of contributor		Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opt	onal)	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instruction	guide explains how to copiete this form.		RECEIVED Y OF SAN ANTO CHTY CLERK Total pages Schedule A	1: .
		300,	JUL 15 P	4: 16 Page 8 of 9
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics of	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/2004	Jaimie Hayne		\$1,500.00	
	Contributor address; City; State; Zip Code			
	110 E. Crockett St. San Antonio, TX 78205			
Principal occu	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/22/2004	Beau Cobb, IV		contribution (\$) \$500.00	description (if applicable)
	Contributor address; City; State; Zip Code	·	Ψ300.00	
	2210 Blackoak Bend San Antonio, TX 78248			
Principal occu	pation (Optional)	Employer (Opton	al)	7004
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/22/2004	Kelly Leach		contribution (\$) \$500.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$300.00	
	P.O. Box 790890 San Antonio, TX 78279			<b>U</b> 22
Principal occu	pation (Optional)	Employer (Opton	ai)	59
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	in-kind contribution
6/22/2004	HGRP-Pavilion		contribution (\$) \$1,000.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$1,000.00	
	2800 Industrial Terrace Austin, ТХ 78758			
Principal occu	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution description (if applicable)
2/16/2004	Raba-Kistner PAC		contribution (\$) \$1,000.00	aescribion (ii applicatie)
	Contributor address; City; State; Zip Code		<b>\$1,000.00</b>	
	P.O. Box 690287 San Antonio, TX 78269			
Principal occu	pation (Optional)	Employer (Opton	al)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY OF SAN ANTONIO SCHEDULE	<b>A</b> 1
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The instruction	guide explains how.10 copiete this form.	5001	JUL Tolal Sege Shedge A	Page 9 of 9
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics or	ommission filers)
Date 5/22/2004	Full name of contributor out-of-state PAC (ID#:  Dan Dement  Contributor address; City; State; Zip Code  18730 Stone Oak Parkway San Antonio, TX 7		Amount of contribution (\$) \$429.01	In-kind contribution description (if applicable) Food/Beverage for Reception
Principal occup	pation (Optional)	Employer (Op	otonai)	<u> </u>
Date 2/16/2004	Full name of contributor out-of-state PAC (ID#: Carl Raba Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio, TX 78279		Amount of contribution (\$) \$108.79	In-kind contribution description (if applicable) Food/Beverage for Luncheon
Principal occup	pation (Optional)	Employer (Op	otonal)	<b>2004</b>
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otonai)	
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otonal)	I
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	ration (Optional)	Employer (Op	ntonai)	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

ı OLi	TICAL EXPENDITURES		SCHEDULE F
The instruction	n guide explains how to copiete this form.	Total pages	RECEIVED TYOF SAN ANTONIO CITY CLEAGE 1 of 7
FILER NAME  Carroll W. Schubert		ACCOUNT	#(Ethics commission filers) 4: 16
Date	Payee name		Amount
1/6/2004	Election Support Services		(\$) \$4,380.08
	Payee address; City; State; Zip Code 5309 McCullough San Antonio, TX 78212		<b>V</b> 1,555.65
urpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct expenditure to bene Candidate / Officeholder name	efit C/OH ** Office sought Office held
	Cards		,
Date	Payee name		Amount
1/6/2004	Office Depot		(\$)
	Payee address; City; State; Zip Code	•••••	\$76.89
	13404 San Pedro San Antonio, TX 78216		n
	See instructions regarding type of information	**Complete if direct expenditure to bene	ofit C/OH "
equired.)		Candidate / Officeholder name	Office sought Office held
	Office Supplies		<u></u>
Date	Payee name		Amount 🛪
1/8/2004	Money Mailer of the Alamo City		\$564.50
	Payee address; City; State; Zip Code		\$304.30 <b>_2</b>
	220 Brightwood San Antonio, TX 78209		
urpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct expenditure to bene Candidate / Officeholder name	offit C/OH *** Office sought Office held
	Printing		
Date	Payee name		Amount (5)
1/19/2004	Allison Greer		\$1,160.00
	Payee address; City; State; Zip Code	•	
	1723 Typhoon San Antonio, TX 78248		
	See instructions regarding type of information	**Complete if direct expenditure to bene Candidate / Officeholder name	offt C/OH ** Office sought Office held
urpose of payment (S equired.)			

POL	ITICAL EXPENDITURES		RECEIVED SO	CHEDULE F
		CIT		
The Instruction	on guide explains how to copiete this form.		OMA OFFICE	Page 2 of 7
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FILER NAM			ACCOUNT # (Ethics commiss	sion filers)
	Carroll W. Schubert			
Date	Payee name			Amount (\$)
1/18/2004	Cingular Wireless			\$36.21
	Payee address; City; State; Zip Code	······		
	P.O. Box 650574 Dallas, TX 75265			
Purpose of payment ( required.)	See instructions regarding type of information	**Complete if direct of Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office sought	Office held
	Monthly Service			
				•
Date	Payee name			Amount
1/29/2004	Allison Greer			(\$) \$1,100.00
	Payee address; City; State; Zip Code	<del></del>		\$1,100.00
	1723 Typhoon San Antonio, TX 78248			2004
Purpose of payment (	See instructions regarding type of information		expenditure to benefit C/OH **	
required.)	0	Candidate / Officeholder na	ame Office sought	Office held
	Contract Labor			
Date	Payee name			Amount S ON
2/12/2004	Cingular Wireless			(S) <b>55</b> \$198.98
	Payee address; City; State; Zip Code	- <del></del>		<b>\$130.30</b>
	P.O. Box 650574 Dallas, TX 75265			
Purpose of payment (	See instructions regarding type of information	**Complete if direct of Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sought	Office held
,	Monthly Service			
	World by Cot vice			
Date	Payee name			Amount (\$)
2/16/2004	Allison Greer			\$1,130.00
	Payee address; City; State; Zip Code			
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment (strequired.)	See instructions regarding type of information	**Complete if direct e	expenditure to benefit C/OH *** ame Office sought	Office held
	Contract Labor			
	ATTACH ADDITIONAL COP	IES OF THIS FORM AS	NEEDED	

The Instruction	n guide explains how to copiete this form.	CITY OF SAM ANTONIO	
		- Dhib	Page 3 of 7
FILER NAM	E	2004 JUL 15 10 4: 10	mmission filem)
	Carroll W. Schubert	ACCOUNT # (Eulies co	THE HEAD OF THE TO
Date	Payee name		Amount
2/27/2004	Allison Greer		(\$)
	Payee address; City; State; Zip Code	9	\$1,130.00
	1723 Typhoon San Antonio, TX 78248		
Purpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s	ought Office held
	Contract Labor		
Date	Payee name		Amount
2/27/2004	Costco		(\$)
	Payee address; City; State; Zip Code		\$149.94
	693 Sonterra Blvd. San Antonio, TX 7825	•	2004
Purpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct expenditure to benefit C/OH **	<u> </u>
equireu.	Describes for NE Oak	Candidate / Officeholder name Office s	ought Office.held 기
	Donation for NE Gala		ס
Date	Payee name		Amount
2/28/2004	Allison Greer		(\$)
	Payee address; City; State; Zip Code	3	<b>400.12</b>
	1723 Typhoon San Antonio, TX 78248		
Purpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s	ought Office held
	Reimbursement		
Date	Payee name		Amount (\$)
3/2/2004	U.S.P.S.		\$74.00
	Payee address; City; State; Zip Code		
	13424 John Saunders San Antonio, TX 7	78246	
Purpose of payment (Sequired.)	See instructions regarding type of information	"Complete if direct expenditure to benefit C/OH "Candidate / Officeholder name Office s	ought Office held
	Postage		

	ITICAL EXPENDITURES		SCHEDULE F
The Instructio	n guide explains how to copiete this form.	CITY OLE	ED ANTONIO <sub>Page 4 of 7</sub>
FILER NAM	E	2004 Thronby (EF	
	Carroll W. Schubert	/ 1000Sitt*# (CL	ind countries in oraș
Date	Payee name		Amount (\$)
3/18/2004	Allison Greer		\$1,130.00
	Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	,	
rpose of payment (quired.)	See instructions regarding type of information	**Complete if direct expenditure to benefit C/ Candidate / Officeholder name	OH **  Office held
	Contract Labor		,
Date	Payee name		Amount (\$)
3/22/2004	Cingular Wireless		\$73.49
	Payee address; City; State; Zip Code	······································	
	P.O. Box 650574 Dallas, TX 75265		<b>200</b> 4
rpose of payment (	See instructions regarding type of information	**Complete if direct expenditure to benefit C/C	<u>C</u>
	Monthly Service		cn
	,		ס
Date	Payee name		Amount ••
3/30/2004	Allison Greer		(s) 20.130.00
	Payee address; City; State; Zip Code	<del></del>	
	1723 Typhoon San Antonio, TX 78248		
rpose of payment (	See instructions regarding type of information	**Complete if direct expenditure to benefit C// Candidate / Officeholder name O	OH **  ffice sought Office held
	Contract Labor		
Date	Payee name		Amount (\$)
Date 4/6/2004	Payee name Nicole Fowles		Amount (\$) \$75.75
			(\$)
	Nicole Fowles		(\$)
4/6/2004	Nicole Fowles Payee address; City; State; Zip Code	**Complete if direct expenditure to benefit C/	(\$) \$75.75

	ITICAL EXPENDITURES		SCHEDULE F
The Instructio	on guide explains how to copiete this form.	CITY OF SAN	<b>'ED</b> <b>'ANTONIO</b> ERK Page 5 of 7
FILER NAM	ME	2004 Addlent Seu	Р 4: 16
	Carroll W. Schubert		,
Date	Payee name		Amount (\$)
4/7/2004	City Year San Antonio		\$125.00
	Payee address; City; State; Zip Code 109 N. San Saba #1 San Antonio, TX 78		
urpose of payment (	See instructions regarding type of information	**Complete if direct expenditure to benefit C/ Candidate / Officeholder name	OH **  Office sought  Office held
	Banquet Ticket		
Date	Payee name		Amount (\$)
4/15/2004	Allison Greer		\$1,130.00
	Payee address; City; State; Zip Code		. ,
	1723 Typhoon San Antonio, TX 78248		
	See instructions regarding type of information	**Complete if direct expenditure to benefit C/	
equired.)	0	Candidate / Officeholder name C	office sought
	Contract Labor		
Date	Payee name		Amount ER
4/15/2004	Cingular Wireless		(s) U R
	Payee address; City; State; Zip Code		\$36.72
	P.O. Box 650574 Dallas, TX 75265		•
urpose of payment (	See instructions regarding type of information	**Complete if direct expenditure to benefit C/ Candidate / Officeholder name C	OH **  office sought Office held
	Monthly Service		-
Date	Payee name		Amount (\$)
4/29/2004	Allison Greer		\$1,130.00
	Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248		
urpose of payment (	See instructions regarding type of information	**Complete if direct expenditure to benefit C/ Candidate / Officeholder name	OH <sup></sup> Office sought Office held
quii eu.)			

POL	ITICAL EXPENDITURES		RECEIVED SO	HEDULE F
-		CITY	OF SAN ANTONIU	
The instruction	n guide explains how to copiete this form.	<b>0</b>	C Trotal places Schedule F:	
	_ •	3000	JUL 15 P 4: 16	Page 6 of 7
FILER NAM	IE	2003	ACCOUNT # (Ethics commissi	ion filers)
	Carroll W. Schubert		ACCOUNT # (Editor Commission	or mera)
Date	Payee name			Amount (\$)
5/18/2004	Allison Greer			\$1,130.00
	Payee address; City; State; Zip Cod	6		
	1723 Typhoon San Antonio, TX 78248			
urpose of payment (	See instructions regarding type of information	**Complete if direct	expenditure to benefit C/OH **	
zquirou.)	Combood Lobor	Candidate / Officeholder i	name Office sought	Office held
	Contract Labor			,
Date	Payee name			Amount
5/28/2004	Allison Greer			(\$) \$1,130.00
	Payee address; City; State; Zip Code	e		<b>V</b> 1,100.00
	1723 Typhoon San Antonio, TX 78248			
	See instructions regarding type of information	**Complete if direct	expenditure to benefit C/OH **	Office held
equired.)		Candidate / Officeholder r	name Office sought	Office held
	Contract Labor			
				ဟ 🚊
Date	Payee name			Amount 0
6/9/2004	Office Depot			(\$) \$241.44**
	Payee address; City; State; Zip Code	 e		بري م
	1205 N Loop 1604 W San Antonio, TX 7	8258		
	See instructions regarding type of information		expenditure to benefit C/OH **	
equired.)		Candidate / Officeholder r	name Office sought	Office held
	Invitations			
Date	Рауее пате			Amount
6/16/2004	Carroll Schubert			(\$)
	Payee address; City; State; Zip Code	e		\$617.45
	P.O. Box 460455 San Antonio, TX 78246			
	See instructions regarding type of information		expenditure to benefit C/OH **	
equired.)		Candidate / Officeholder r	name Office sought	Office held
	Reimbursement/Chicago Trip			
	ATTACH ADDITIONAL COP	PIES OF THIS FORM AS	S NEEDED	

POLI	TICAL EXPENDITURES		SC	CHEDULE F
The Instruction	guide explains how to copiete this form.	100	RECEIVED CITYOPOATHANTON CITY CLERK	1 <b>0</b> Page 7 of 7
FILER NAME		- 10 W.C.	2004 JUL 15 P 4: ACCOUNT # (Ethics commiss	l b
	Carroll W. Schubert		ACCOUNT # (Cultor Continues	ion mara)
Date	Payee name			Amount
6/16/2004	Cingular Wireless			(\$) \$36.86
	Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 78265			
Purpose of payment (S	ee instructions regarding type of information	**Complete if direct	expenditure to benefit C/OH **	Office held
	Monthly Service			,
Date	Payee name		1994	Amount
6/18/2004	Office Depot			(\$) \$127.53
	Payee address; City; State; Zip Code			\$127.55
	1205 N Loop 1604 W San Antonio, TX 78	3258		CIT <b>2004</b>
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office sought	
	Printer Cartridges			SAN AN
Date	Payee name			Amount ON
6/16/2004	Allison Greer			\$1,366.78
	Payee address; City; State; Zip Code			*
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office sought	Office held
	Contract Labor/Reimbursement			
Date	Payee name	1979 1 1 1979 1 1 1 1 1 1 1 1 1 1 1 1 1		Amount (\$)
		•		
	Payee address; City; State; Zip Code			
	,			
Purpose of payment (So required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS FORM AS	S NEEDED	

1	CAL EXPENDITURES FROM PERSONAL FUNDS	RECEIN CITY OF SAN	VERCHEDULE G
The Instructio	N GUIDE explains how to complete this form.	1 Total pages Sche	and MIP
2 FILER NAM	RROLL W. SCHURERT	3 ACCOUNT # (Eth	nics Commission filers)
4 Date	5 Payee name  UNITED AIRLINE  6 Payee address; City; State; Zip Code  F. B. C.X. 66 a B.  C.N. L. L. L. C. b. B.  7 Purpose of expenditure (See instructions regarding type of information reg		8 Amount (\$) 577.45
	CLICAGO TRIPÍFICA	uirea.)	Reimbursement from political contributions intended
6/8/04	Payee name TAXICAB FARE WAAAINATER Payee address; City; State; Zip Code CHI CAGO	122	Amount . (\$) 4-0.027
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information rec	quired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM A	AS NEEDED	